

ENCOUNTER KEYS



ENCOUNTER QUARTERLY MEETING

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Notes from the Quarterly Encounter Meeting will be distributed shortly.

SANCTIONS

Effective October 1, 2005 the following error codes will return to eligible status for aged (>120 days) pended encounter sanctions. Duplicates resulting from the SSN conversion have been resolved.

Error Code

Error Code Description

- Z610** Exact Duplicate Found
- Z615** Exact Duplicate From Different Health Plans
- Z620** Near Duplicate Found
- Z625** Near Duplicate, Provider Not Matched From Different Health Plans
- Z630** Near Duplicate Found - From-Through Dates Overlap
- Z635** Near Duplicate, Service Dates Overlap From Different Health Plans
- Z640** Near Duplicate Found - Provider Not Matched, Dates Overlap
- Z645** Near Dup Found-Provider Not Matched, Dates Overlap, Different Plans
- Z680** Contiguous Inpatient Same Day Admit/Disch Reported By Same Hp
- Z685** Contiguous Inpatient Same Day Admit/Disch Reported By Different HP
- Z720** Exact Duplicate Found
- Z725** Exact Duplicate From Different Health Plans
- Z740** Near Duplicate Found
- Z760** Near Duplicate Found - From-Through Dates Overlap
- Z765** Near Duplicate, From Thru Dates Overlap From Different HP
- Z800** Exact Duplicate Found



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Hemophilia Factor Revisions

As a result of the contract award to PCH-HOPE for blood factor, effective October 1, 2005, AHCCCS will require that encounters for this factor be submitted using the appropriate NDC codes. Encounters submitted using J codes will no longer be eligible for reimbursement. In addition, to be eligible for reinsurance reimbursement the above is true for encounters associated with HEM, CHM and VON reinsurance case types.

Disaster Codes

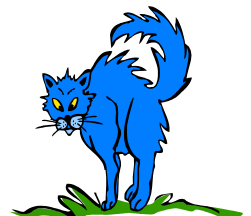
The following codes, effective immediately, will be used for recipients of disasters.

- Condition Code DR - Disaster Related (Medicare will use this code to identify evacuees)
- Occurrence Code DR - Disaster Related
- Occurrence Span Code MR - Disaster Related
- Value Code DR - Disaster Related

The National HCPCS workgroup is in the process of approving a new HCPCS Modifier to be used for disasters; the effective date will be August 21, 2005.

Edits Updates

- Effective with dates of service on or after 07/01/2005 the following edit has been added: A610 (RI Approved Amount > HP Paid, Total Billed or AHCCCS Allowed) "S" (Soft) for both modes: 1 (HIPAA) and 2 (Proprietary).
- Effective with dates of service on or after 11/01/2005 the following edit will be activated: S447 (Modifier Required for Procedure) "H" (Hard) for mode 1 (HIPAA) and "S" (Soft) for mode 2 (Proprietary).
- Effective with dates of service on or after 07/01/2005 the edit code Z172 (Contract Code is Invalid) is active for 837 encounters.
- Effective 08/24/2005 the following edits have been changed:
 - A510 (Medicare Deductible & Coinsurance Exceeds Allowed Amount) has been changed to "S" (Soft) for both modes: 1 (HIPAA) and 2 (Proprietary).
 - H363 (Subcap Code Must be 00, 01, 03, 04, 06, 07 or 08 When HP Pd Amt =) has been set to "N" (Not to pend) for both modes: 1 (HIPAA) and 2 (Proprietary).
- Effective with dates of service on or after 07/01/2005 the error code Z172 (Contract Type Code Is Invalid) will be hard for 837 transactions only. The AHCCCS proprietary subcap codes can not be used in HIPAA transactions. Contract type (which is available on 837 transactions) replaces the subcap code.



Provider Type

- Effective with dates of service on or after 10/01/2003 the HCPCS code S5150 (Unskilled respite care, not hospice; per 15 minutes) can be reported by provider type 95 (Non-Medicare certified HTH Agencies).

Age Limit - G0107

- G0107 (Colorectal Cancer Screening; Fecal-Occult Blood Test) has a minimum age limit of 50. This code is one of the many codes that had coverage changed to Medicare only. If the recipient is not Medicare primary the code G0107 should not be used; the provider should be using the regular lab code of 82270 (Blood, occult, by peroxidase activity eg., guaiac).

Limit Changes

- Effective with dates of service on or after 09/28/2005, the HCPCS code J2354 (Injection, octreotide non-depot form for subcutaneous) has a procedure daily maximum of 25.
- G0244 Medicare Observation daily limit has been adjusted to 24 on RF127 (Procedure OPFS Indicators and Values) screen. Please note that Medicare requires reporting number of hours.

Place of Service (POS)

- Effective with dates of service on or after 06/01/2005, the CPT code 54560 (Exploration for undescended testis with abdominal exploration) can be reported with POS 24 (Ambulatory Surgical Center).
- Effective 05/18/2005 the HCPCS codes Q1001 (New technology intraocular lens category 1 as defined in federal register) and Q1002 (New technology intraocular lens category 2 as defined in federal register) have been end dated for POS 24 (Ambulatory Surgical Center). [Medicare has announced that they will no longer pay Ambulatory Surgical Centers (ASC) for these Intraocular lenses.]
- Effective with dates of service on or after 04/01/2004, POS 13 (Assisted Living Facility) and 14 (Group Home) have been added to the following CPT Codes:

99321

99322

99323 (Domiciliary Or Rest Home Visit For The Evaluation And Management)

99331

99332

99333



Modifier

- Effective with dates of service on or after 01/01/2003 the modifier 63 (Neonates/infants up to the 4-KG cut off) can be reported with the CPT codes:
 - 33820 (Repair of patent ductus arteriosus; by ligation)
 - 36823 (Insertion of arterial and venous cannula(s) for isolated extra corporeal circulation)
- Effective with dates of service on or after 06/01/2005 the CPT code 15851 (Removal of sutures under anesthesia (other than local)) can be reported with the modifier SG (Ambulatory Surgical Center), by provider type 43 (Ambulatory Surgical Center) with Place Of Service (POS) 24.
- Effective with dates of service on or after 10/01/2003 the modifier NU (New Equipment) has been added to the following HCPCS codes:
 - S9208 (Home management of preterm labor, including administrative services)
 - S9209 (Home management of preterm labor premature rupture of membranes)
 - S9211 (Home management of gestational hypertension)
 - S9212 (Home management of postpartum hypertension)
 - S9213 (Home management of preeclampsia)
 - S9214 (Home management of gestational diabetes)
- The modifier 26 (Professional component) was end-dated or not added to CPT code 85025 (Blood count; complete (CBC), automated (HGB, HCT, RBC)) and 80048 (Basic metabolic panel). (See Medicare Fee Schedule Database MFSDB.) These codes are machine run tests--or tech run tests, they do not have a physician component. Refer to PMMIS Reference screen RF123 (Procedure AHCCCS Coverage) and RF122 (Valid Procedure Modifiers).
- Effective 08/21/2005 CMS has released modifier CR to be instituted immediately for disaster affected recipients. This modifier will be added to all HCPCS codes (00001-V9999).

Coverage Code Change

- Effective with dates of service on or after 07/01/2004 the CPT code 0073T (Compensator-based beam modulation treatment) has a change on it's coverage code--09 (Medicare only).
- Effective with dates of service on or after 07/01/2005 the CPT codes 93797 and 93798 (Physician services for outpatient cardiac rehabilitation) have a coverage code of 05 (Outpatient Hospital Services).



Nursing Facility & HCBS Updates

AHCCCSA has completed the re-basing process for Nursing Facility and Home and Community Based Services Fee-for-Service rates. The rates will be effective for dates of service beginning October 1, 2005.

Nursing Facility Fee-for-Service Rates
Level of Care 2006 Urban 2006 Rural

Level 1	\$126.44	\$122.23
Level 2	\$139.09	\$134.01
Level 3	\$166.62	\$161.02

HCBS FEE-FOR-SERVICE RATES

HCPCS Code	Description	Provider Type	AHCCCS 10/1/05 Rate
S5100	Day Care Services, Adult	27, 81	\$2.02
S5101	Day Care Services, Adult	27, 81	\$24.29
S5102	Day Care Services, Adult	27, 81	\$48.58
S5125	Attendant Care	2, 23, 24, 40, 81, 95	\$3.88
S5130	Homemaker Services, NOS	23, 24, 37, 39, 40, 81, 95	\$5.07
S5150	Unskilled Respite Care, not Hospice	2, 23, 24, 37, 39, 40, 72, 77, 81, A3	\$4.00
S5151	Unskilled Respite Care, not Hospice	2, 23, 24, 36, 37, 39, 40, 49, 50, 72, 77, 81, A3	\$205.00
S5170	Home Delivered Meals	70, 81	\$7.93
S9123	Nursing Care in the Home; RN (Intermittent)	2, 23	\$81.85
S9123	Nursing Care in the Home; RN (Continuous with TG Modifier)	2, 23	\$60.37
S9123	Nursing Care in the Home; RN (Intermittent)	46	\$47.18
S9123	Nursing Care in the Home; RN (Continuous with TG Modifier)	46	\$32.10
S9123	Nursing Care in the Home; RN (Intermittent)	39, 81, 95	\$68.34
S9123	Nursing Care in the Home; RN (Continuous with TG Modifier)	39, 81, 95	\$50.38
S9124	Nursing Care in the Home; LPN (Intermittent)	2, 23	\$62.46
S9124	Nursing Care in the Home; LPN (Continuous with TG Modifier)	2, 23	\$46.05
S9124	Nursing Care in the Home; LPN (Continuous with TG Modifier)	46	\$25.21
S9124	Nursing Care in the Home; LPN (Intermittent)	39, 81, 95	\$52.89
S9124	Nursing Care in the Home; LPN (Continuous with TG Modifier)	39, 81, 95	\$39.00
T1019	Personal Care Services	2, 23, 24, 39, 40, 72, 77, 81, 95	\$ 5.34
T1021	Home Health Aide	2, 23	\$33.81

Master Carrier ID on the Third Party Liability Coordination Of Benefits File

Effective 09/22/2005 the Master Carrier ID will be added to the Third Party Liability (TPL) file.

Lvl	Field Name	Type	Size	Description	
1	RP-TPL-S			Master TPL File	
2	SEQ-NO	U	2	Sequence number	
2	PROCESS-DAT	X	6	Processing date	
2	AHCCCS-ID	X	9	AHCCCS Id	
2	LAST-NAME	X	20	Last Name	
2	FIRST-NAME	X	10	First Name	
2	SEX	X	1	Gender	
2	DAT-OF-BIR	X	8	Date of Birth	
2	POLICY-ID	X	20	Policy Id	
2	INS-TYP	X	1	Insurance Type	
2	BEG-DAT	X	8	Begin Date	
2	END-DAT	X	8	End Date	
2	CAR-NAME	X	30	Carrier Name	
2	CAR-PHONE	X	10	Carrier Phone	
2	CAR-STR-1	X	23	Carrier Street Address 1	
2	CAR-STR-2	X	23	Carrier Street Address 2	
2	CAR-CITY	X	18	Carrier City	
2	CAR-ST	X	2	Carrier State	
2	CAR-ZIP	X	9	Carrier Zip Code	
2	INSURED-NAME	X	31	Insured Name	
2	INSURED-REL-PAT	X	1	Insured & Patient Relationship	
2	INS-EMPR	X	30	Insured Employer	
2	INS-GRP-NUM	X	20	Insured Group Number	
2	DAT-REC-ADDED	X	8	Date Record Added	
2	LAST-MOD-DAT	X	8	Date Last Modified	
2	DATE-VERIFIED	X	8	Date Verified	
2	HP-ID	X	6	Health Plan ID	
2	FILLER	X	5	To be used for future expansion of the master	
				carrier id)	
2	CAR-ID	X	5	Master Carrier ID	

Questions on Encounters

- Production Encounter issues need to be referred to the Encounter unit. The email address is: AHCCCSencounters@ahcccs.state.az.us or Plans may contact their Technical Assistant, Jacqueline Martinez at 602-417-4004 or Peggy Brown at 602-417-4662.
- Encounter Test issues may be submitted to the: (1) AHCCCSencounterSubmission@azahcccs.gov notifying the agency that they have submitted a test file (the AHCCCS IS Mercator team will provide the feedback); or (2) AHCCCSHIPAAWorkgroup@azahcccs.gov requesting assistance (the AHCCCS HIPAA team will log and assign the issue to a staff member for a response).

Revenue to HCPCS Update

- Effective with dates of service on or after 07/01/2005 the code 50590 (Lithotripsy, extra corporeal shock wave) can be reported with the revenue codes 790 to 799.0
- Effective with dates of service on or after 08/01/2000 the CPT code 93041 (Rhythm ECG, one to three leads) has been added to revenue code 730 (EKG/ECG).
- Effective with dates of service on or after 07/01/2005 the CPT codes can be reported with the revenue code 450-459 (Emergency Room):
 - 90471 (Immunization Administration (Includes Percutaneous, Intradermal, Subcutaneous Intramuscular And Jet Injections); One Vaccine (Single Or Combination Vaccine/Toxoid)
 - 90472 (Immunization Administration (Includes Percutaneous, Intradermal, Subcutaneous Intramuscular And Jet Injections); One Vaccine (Each Additional Vaccine) Single Or Combination Vaccine/Toxoid) (List Separately In Addition To Code For Primary Procedure)
 - 90473 (Immunization Administration By Intranasal Or Oral Route; One Vaccine (Single Or Combination Vaccine/Toxoid).

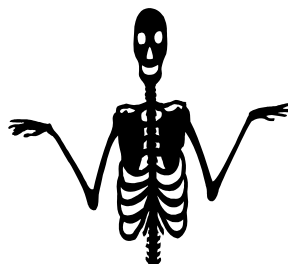


Effective with dates of service on or after 01/01/2003 the following revenue codes have been added along with the HCPCS codes to the Reference screen RF773.

Revenue Code	HCPCS	Descriptions
258	J2912	Injection, Sodium Chloride, 0.9%, Per 2 Ml
280	36540	Collection Of Blood Specimen From A Completely Implantable
300	36540	Collection Of Blood Specimen From A Completely Implantable
300	36600	Arterial Puncture, Withdrawal Of Blood For Diagnosis
320	20501	Injection Of Sinus Tract; Diagnostic (Sinogram)
320	36550	Declotting By Thrombolytic Agent Of Implanted Vascular
320	36555-36571	Insertion
320	36578-36585	Replacement, Complete,
320	36589-36590	Removal Of Tunneled Central Venous
320	36600	Arterial Puncture, Withdrawal Of Blood For Diagnosis
320	36870	Thrombectomy, Percutaneous, Arteriovenous Fistula, Autogenous
320	62311	Injection, Single (Not Via Indwelling Catheter
370	00100-01999	Anesthesia For Procedures
410	36600	Arterial Puncture, Withdrawal Of Blood For Diagnosis
460	36600	Arterial Puncture, Withdrawal Of Blood For Diagnosis
290-299	E0110-E0117	Crutches
480	G0269	Placement Of Occlusive Device Into Either A Venous Or Arterial
481	G0269	Placement Of Occlusive Device Into Either A Venous Or Arterial
621	A9516	Supply Of Radiopharmaceutical Diagnostic Imaging Agent, I-123 Sod
636	J3010	Injection, Fentanyl Citrate, 0.1 Mg

Effective 06/30/2005 the following Revenue Codes to HCPCS have been end dated

550-559	Skilled Nursing	G0128 G0154
560-569	Med Social Svs	G0155
570-579	Aide/Home Health	G0156
600-609	02/Home Health	E0424-E0444 E0445
657	Hospice/Physician	G0337 99221-99275 99301-99350 99431-99433 99499
762	Observation Room	99217-99220 Q0081 (No longer covered under OPPS)
960-969	Pro Fee	G0179-G0182 G0337 G0345-G0363 10022 End 06/30/05 19102-19103
970-979	Pro Fee Lab	10022 19102-19103
980-989	Pro Fee	G0250 G0337 G0368 G9021-G9032 0070T 0074T 10022 19102-19103
999	Pt Convince/Other	G9001-G9008



Effective with dates of service on or after 07/01/2005 the following Revenue Codes to HCPCS have been added.

250-253	Pharmacy	J0000-J9999 (J codes include drugs that ordinarily cannot be self-admin)
257	Drugs/Nonscript	J0000-J9999
259	Drugs/Other	J0000-J9999
822	Hemo/home/supply	A6451-A4670 (Calibrated microc.); A4680-A4931 (Activated carbon)
832	Hemo/home/equip	A6451-A4670 (Calibrated microc.); A4680-A4931 (Activated carbon)
842	Capd/home/supply	A6451-A4670 (Calibrated microc.); A4680-A4931 (Activated carbon)
852	CCPD/home/supply	A6451-A4670 (Calibrated microc.); A4680-A4931 (Activated carbon)
823	Hemo/home/equip	E1500-E1699 (Centrifuge, for dialysis)
833	Pertnl/home/equip	E1500-E1699 (Centrifuge, for dialysis)
843	CAPD/home/equip	E1500-E1699 (Centrifuge, for dialysis)
853	CCPD/home/equip	E1500-E1699 (Centrifuge, for dialysis)
850-859	CCPD/OP or home	90945 (Dialysis procedure)

- Effective with dates of service on or after 01/01/2005 for revenue codes 480-489 (Cardiology); the HCPCS codes G0290-G0291 (Transcatheter placement of a drug eluting intracoronary) have been added.



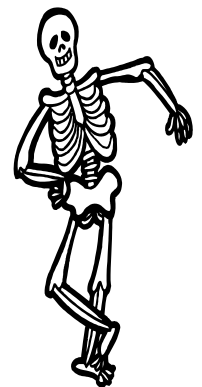
- Effective with dates of service on or after 07/01/2005 the following Revenue codes to HCPCS have been added

Revenue code	HCPCS Code	Description
250	C9113	Injection, Pantoprazole Sodium, Per Vial
254-255	A4641	Supply Of Radiopharmaceutical Diagnostic Imaging Agent
254-255	A9523-A9524	Supply Of Radiopharmaceutical Therapeutic Imaging Agent
254-255	A9534	Supply Of Radiopharmaceutical Therapeutic Imaging Agent
254-255	A9700	Supply Of Injectable Contrast Material
270-279	B4034-B4036	Enteral Feeding Supply Kit
270-279	B4081-B4086	Nasogastric Tubing
270-279	B4150-B4199	Enteral Formula
270-279	E0445	Oximeter Device For Measuring Blood Oxygen Levels
270-279	E0603-E0604	Breast Pump
270-279	E0758-E0759	Radiofrequency Transmitter (External)
270-279	E0958	Manual Wheelchair Accessory
270-279	E1500-E1699	Centrifuge, For Dialysis
270-279	K0017-K0195	Detachable
270-279	K0452	Wheelchair Bearings, Any Type
270-279	K0552	Supplies For External Drug Infusion Pump
270-279	K0601-K0609	Replacement Battery For External Infusion Pump
270-279	K0601-K0609	Replacement Battery For External Infusion Pump
270-279	K0628-K0629	For Diabetics Only, Multiple Density Insert
270-279	K0669-K0671	Wheelchair Accessory
270-279	V2020-V2025	Frames, Purchases
270-279	V5336	Repair/Modification Of Augmentative Communicative System
274	K0631	Sacroiliac Orthosis, Flexible, Provides Pelvic-Sacral
274	K0633	Sacroiliac Orthosis, Provides Pelvic-Sacral Support
274	K0638	Lumbar-Sacral Orthosis, Flexible,
274	K0641	Lumbar-Sacral Orthosis, Sagittal-Coronal Control
274	K0643	Lumbar-Sacral Orthosis, Sagittal-Coronal Control
274	K0645	Lumbar-Sacral Orthosis, Sagittal-Coronal Control
274	K0647	Lumbar-Sacral Orthosis, Sagittal-Coronal Control
290-299	A4221-A4222	Supplies For Maintenance Of Drug Infusion Catheter
290-299	A4230-A4232	Infusion Set For External Insulin Pump
290-299	A4305-A4558	Disposable Drug Delivery System
290-299	A4561-A4570	Pessary, Rubber, Any Type
290-299	A4614	Peak Expiratory Flow Rate Meter, Hand Held
290-299	A4623-A4629	Tracheostomy, Inner Cannula
290-299	A4634	Replacement Bulb For Therapeutic Light Box
290-299	A4649	Surgical Supply; Miscellaneous
290-299	A5051-A5200	Ostomy Pouch, Closed; With Barrier Attached
290-299	A7040-A7043	One Way Chest Drain Valve
290-299	A7501-A7527	Tracheostoma Valve, Including Diaphragm
290-299	B4034-B4036	Enteral Feeding Supply Kit
290-299	B4081-B4086	Nasogastric Tubing With Stylet
290-299	B4150-B4199	Enteral Formula
290-299	E0118	Crutch Substitute
290-299	E0130-E0179	Walker
290-299	E0315	Bed Accessory
290-299	E0445	Oximeter Device
290-299	E0450-E0673	Volume Control Ventilator
290-299	E0650-E0710	Pneumatic Compressor
290-299	E0740-E0749	Incontinence Treatment System
290-299	E0758-E0769	Radiofrequency Transmitter
290-299	E0830	Ambulatory Traction Device



Revenue Code	HCPCS Code	Description
290-299	E0840-E1213	Traction Frame,
290-299	E1235-E1391	Wheelchair, Pediatric Size
290-299	E1405-E1406	Oxygen And Water Vapor Enriching System
290-299	E1700-E1840	Jaw Motion Rehabilitation System
290-299	E2000-E2621	Gastric Suction Pump
290-299	K0001-K0620	Standard Wheelchair
290-299	K0630	Sacroiliac Orthosis, Flexible
290-299	K0634-K0637	Lumbar Orthosis, Flexible,
290-299	K0639-K0640	Lumbar-Sacral Orthosis, Sagittal Control
290-299	K0642	Lumbar-Sacral Orthosis, Sagittal-Coronal Control
290-299	K0644	Lumbar-Sacral Orthosis, Sagittal-Coronal Control
290-299	K0646	Lumbar-Sacral Orthosis, Sagittal-Coronal Control
290-299	K0648	Lumbar-Sacral Orthosis, Sagittal-Coronal Control
290-299	K0671	Portable Oxygen Concentrator, Rental
290-299	K0730	Controlled Dose Inhalation Drug Delivery System
290-299	L0960	Torso Support, Post Surgical Support
290-299	L4002	Replacement Strap, Any Orthosis
290-299	L8100	Gradient Compression Stocking
290-299	L8130-L8239	Gradient Compression Stocking
290-299	L8130-L8239	Gradient Compression Stocking
290-299	L8620-L8622	Lithium Ion Battery
290-299	V5336	Repair/Modification Of Augmentative Communicative System
294	J7608	Acetylcysteine, Inhalation Solution
294	J7611-J7799	Albuterol, Inhalation Solution,
300-309	G0141	Screening Cytopathology Smears
340-349	A4641-A4643	Supply Of Radiopharmaceutical Diagnostic Imaging Agent
340-349	C1079-C1083	Supply Of Radiopharmaceutical Diagnostic Imaging Agent
340-349	C1091-C1093	Supply Of Radiopharmaceutical Diagnostic Imaging Agent
*340-349	C1122	Supply Of Radiopharmaceutical Diagnostic Imaging Agent
340-349	C1200-C1201	Supply Of Radiopharmaceutical Diagnostic Imaging Agent
340-349	C1775	Supply Of Radiopharmaceutical Diagnostic Imaging Agent
340-349	C9000	Injection, Sodium Chromate Cr51
340-349	C9013	Supply Of Co 57 Cobaltous Chloride
340-349	C9102-C9103	Supply Of Radiopharmaceutical Diagnostic Imaging Agent
340-349	C9400	Supply Of Radiopharmaceutical Diagnostic Imaging Agent
340-349	C9403-C9405	Supply Of Radiopharmaceutical Diagnostic Imaging Agent
340-349	C9722	Stereoscopic X-Ray/Infrared Tracking
350-359	Q9945-Q9951	Low Osmolar Contrast Material
360-369	C9720-C9721	High-Energy (Greater Than 0.22mj/Mm2)
360-369	C9723-C9724	Stereoscopic X-Ray/Infrared
382	P9012	Cryoprecipitate, Each Unit
382	P9016-P9017	Red Blood Cells, Leukocytes Reduced, Each Unit
382	P9019-P9020	Platelets, Each Unit
382	P9023	Plasma, Pooled Multiple Donor
382	P9031-P9037	Platelets, Leukocytes Reduced, Each Unit
382	P9041	Infusion, Albumin (Human), 5%, 50 Ml
382	P9043-P9044	Infusion, Plasma Protein Fraction (Human), 5%
382	P9042-P9050	Infusion, Albumin (Human), 25%, 10 Ml
382	P9603-P9604	Travel Allowance One Way In Connection With Medically
382	P9612	Catheterization For Collection Of Specimen
382	P9615	Catheterization For Collection Of Specimen(S)
390	P9603-P9604	Travel Allowance One Way In Connection With Medically
390	P9603-P9604	Travel Allowance One Way In Connection With Medically
390	P9612	Catheterization For Collection Of Specimen
390	P9615	Catheterization For Collection Of Specimen (s)

Revenue Code	HCPCS Code	Description
399	P9603-P9604	Travel Allowance One Way In Connection With Medically
399	P9612	Catheterization For Collection Of Specimen
399	P9615	Catheterization For Collection Of Specimen(S)
404	G0235	Pet Imaging, Any Sit
420-429	C9720-C9721	High-Energy (Greater Than 0.22mj/Mm2)
420-429	C9723-C9724	Dynamic Infrared Blood Perfusion Imaging (Diri)
420-429	G0295	Electromagnetic Therapy
430-439	C9720-C9721	High-Energy (Greater Than 0.22mj/Mm2)
430-439	G0295	Electromagnetic Therapy,
450	C9720-C9721	High-Energy (Greater Than 0.22mj/Mm2)
480-489	Q9955-Q9957	Injection, Gadolinium-Based
510-519	C9720-C9721	High-Energy (Greater Than 0.22mj/Mm2)
510-519	C9723-C9724	Dynamic Infrared Blood Perfusion Imaging (Diri)
**510-519	G0245-G0246	Initial Physician Evaluation & Management Of A Diabetic
510-519	G0295	Electromagnetic Therapy
510-519	G0295	Electromagnetic Therapy
**510-519	G0302-G0305	Pre-Operative Pulmonary Surgery
520-529	G0295	Electromagnetic Therapy
600-609	E1353-E1399	Regulator
600-609	E1405	Oxygen And Water Vapor Enriching System
610-619	Q9952-Q9954	Injection
623	A6010-A6512	Collagen Based Wound Filler, Dry Form
636	A4647	Supply Of Paramagnetic Contrast Material, Eg.
636	A9500-A9502	Supply Of Radiopharmaceutical Diagnostic Imaging Agent
636	A9504	Supply Of Radiopharmaceutical Diagnostic Imaging Agent
636	A9507-A9508	Supply Of Radiopharmaceutical Diagnostic Imaging Agent
636	A9511	Supply Of Radiopharmaceutical Diagnostic Imaging Agent
636	A9517	Supply Of Radiopharmaceutical Diagnostic Imaging Agent
636	A9521	Supply Of Radiopharmaceutical Diagnostic Imaging Agent
636	A9526-A9530	Supply Of Radiopharmaceutical Diagnostic Imaging Agent
636	A9533	Supply Of Radiopharmaceutical Diagnostic Imaging Agent
636	A9600-A9605	Supply Of Therapeutic Radiopharmaceutical
636	J0850	Injection, Cytomegalovirus
636	J7622	Beclomethasone, Inhalation Solution
636	J7624	Betamethasone, Inhalation Solution
636	J7641	Flunisolide, Inhalation Solution
636	J7674	Methacholine Chloride Administered
636	J8501	Aprepitant, Oral, 5 Mg
636	J8600	Melphalan; Oral, 2 Mg



Revenue Code	HCPCS Code	Description
636	J8999	Prescription Drug, Oral, Chemotherapeutic
636	J9094-J9097	Cyclophosphamide, Lyophilized
636	J9100	Cytarabine, 100 Mg
636	J9165	Diethylstilbestrol Diphosphate, 250 Mg
636	J9300	Gemtuzumab Ozogamicin, 5mg
636	J9305	Injection, Pemetrexed, 10 Mg
636	J9310	Rituximab, 100 Mg
636	Q2010	Injection, Glatiramer Acetate, Per Dose
636	Q4076-Q4078	Injection, Natalizumib
660-669	E0424-E0444	Stationary Compressed Gaseous Oxygen System
730	G0367	Tracing Only, Without Interpretation And Report
750-759	C9716	Creations Of Thermal Anal Lesions By Radiofrequency
750-759	C9723-C9724	Dynamic Infrared Blood Perfusion Imaging (Diri)
760-769	G0295	Electromagnetic Therapy
760-769	G0329	Electromagnetic Therapy
790-799	C9720-C9721	High-Energy (Greater Than 0.22mj/Mm2)
900	M0064	Brief Office Visit
940-949	E0972	Wheelchair Accessory
940-949	E0150-E1224	Underarm Pad, Crutch, Replacement, Each
940-949	E1399	Durable Medical Equipment, Miscellaneous
940-949	G0295	Electromagnetic Therapy,
760-769	G0329	Electromagnetic Therapy
790-799	C9720-C9721	High-Energy (Greater Than 0.22mj/Mm2)
900	M0064	Brief Office Visit
940-949	E0972	Wheelchair Accessory
940-949	E0150-E1224	Underarm Pad, Crutch, Replacement, Each
940-949	E1399	Durable Medical Equipment, Miscellaneous
940-949	G0295	Electromagnetic Therapy,

Notes: *340-349 for C112 - End, 349 C1000-C9999 6/30/05

****510-519 G0245-G0246 Change From 510 To 510-519**

****510-519 G0302-G0305 Change From 510 To 510-519**

